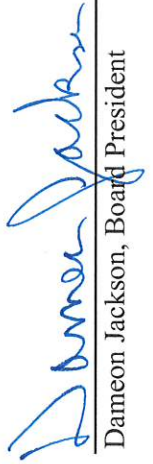


# Southeast Community Health Systems 2023 Sliding Fee Scale

	N/A	50% of charges	65% of Charges	80% of Charges	100% of Charges	
	<=100%	101-138%	139-164%	165-200%	>200%	
Family Size	Slide A	Slide B	Slide C	Slide D	Slide E	
1	\$ -	\$ 14,580.00	\$ 20,120.41	\$ 23,911.20	\$ 29,160.00	\$ 29,160.01
2	\$ -	\$ 19,720.00	\$ 27,213.61	\$ 32,340.80	\$ 39,440.00	\$ 39,440.01
3	\$ -	\$ 24,860.00	\$ 34,306.81	\$ 40,770.40	\$ 49,720.00	\$ 49,720.01
4	\$ -	\$ 30,000.00	\$ 41,400.01	\$ 49,200.00	\$ 60,000.00	\$ 60,000.01
5	\$ -	\$ 35,140.00	\$ 48,493.20	\$ 57,629.60	\$ 70,280.00	\$ 70,280.01
6	\$ -	\$ 40,280.00	\$ 55,586.40	\$ 66,059.20	\$ 80,560.00	\$ 80,560.01
7	\$ -	\$ 45,420.00	\$ 62,679.60	\$ 74,488.80	\$ 90,840.00	\$ 90,840.01
8	\$ -	\$ 50,560.00	\$ 69,772.80	\$ 82,918.40	\$ 101,120.00	\$ 101,120.01
9	\$ -	\$ 55,700.00	\$ 76,866.00	\$ 91,348.00	\$ 111,400.00	\$ 111,400.01
10	\$ -	\$ 60,840.00	\$ 83,959.20	\$ 99,777.60	\$ 121,680.00	\$ 121,680.01
11	\$ -	\$ 65,980.00	\$ 91,052.40	\$ 108,207.20	\$ 131,960.00	\$ 131,960.01
12	\$ -	\$ 71,120.00	\$ 98,145.60	\$ 116,636.80	\$ 142,240.00	\$ 142,240.01
13	\$ -	\$ 76,260.00	\$ 105,238.80	\$ 125,066.40	\$ 152,520.00	\$ 152,520.01
14	\$ -	\$ 81,400.00	\$ 112,332.00	\$ 133,496.00	\$ 162,800.00	\$ 162,800.01
15	\$ -	\$ 86,540.00	\$ 119,425.20	\$ 141,925.60	\$ 173,080.00	\$ 173,080.01
Patient Responsibility Based on Type of Visit						
Visit Type	Slide Scale A*	Slide Scale B**	Slide Scale C**	Slide Scale D**	Slide Scale E	
Medical New	\$30.00					
Established	\$25.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges	
Labs and Procedures	Included in nominal fee	50% of Charges	65% of Charges	80% of Charges	100% of Charges	
Dental	\$40.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges	
Note: Nominal Fee	**this fee constitutes the nominal amount collected	**discounted fee will be 50% of charges or \$35 for medical or \$45 for dental, whichever is greater	**discounted fee will be 65% of charges or \$35 for medical or \$45 for dental, whichever is greater	**discounted fee will be 80% of charges or \$35 for medical or \$45 for dental, whichever is greater		
Pharmacy 340B Dispensing Fee	\$8.00	\$10.00	\$12.00	\$14.00	\$15.00	
Total RX Costs	\$8.00	\$10.00+340B Drug Cost	\$12.00+340B Drug Cost	\$14.00+340B Drug Cost	\$15.00+340B Drug Cost	
***Medical includes Behavioral Health and Speciality Services***						

  
 Dameon Jackson, Board President

3/7/23  
 Date